Obesity: the great public health challenge of our age

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Department of Health
Average man consumes 300 calories more than they need each day ~ equivalent to 4 chocolate digestives

Weight gain occurs when, over time, calories consumed exceed energy used

To burn 300 calories requires an average of 60 minutes walking/cycling or 30-40mins running
Obesity affects too many of our children

1 IN 3

CHILDREN AGED 2-15 ARE OVERWEIGHT OR OBESE

We are becoming obese EARLIER and staying obese for LONGER
Overweight and obesity is linked to a range of health problems and ultimately causes **1 IN 10 DEATHS** in England and Wales.

- Type 2 Diabetes
- Blindness
- Limb Amputation
- Heart Disease
- Stroke
- Types of Cancer
- Liver Disease
- Cirrhosis
- Liver Cancer
- Asthma
- Asthma Attack
- Heart Disease
- Heart Attack
- Depression
- Self Harm
- Back and Joint Pain
- Breast Cancer
- Bowel
- Pancreas
- Kidney
- Brain Injury
- Stroke
- Limb Amputation
- Blindness
- Breast
- Bowel
- Pancreas
- Kidney
- Stroke
- Back and Joint Pain
- Breast Cancer
- Liver Disease
- Asthma
- Heart Disease
- Depression
- Self Harm
The annual cost of obesity

Cost to wider economy: £27bn

Obesity medication: £13.3m

Obesity attributed days sickness: 16m

Cost to NHS: £5.1bn

Social care: £352m
The **treatment of obesity and diabetes** costs us more each year than the police, fire service and judicial system combined.

This includes the **£5.1bn** cost to the NHS of obesity-related ill-health.
Obesity is one of the top three global social burdens generated by human beings

Estimated annual global direct economic impact and investment to mitigate selected global burdens, 2012

GDP, $ trillion

<table>
<thead>
<tr>
<th>Selected global social burdens</th>
<th>Share of global GDP</th>
<th>Historical trend²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Armed violence, war, and terrorism³</td>
<td>2.1</td>
<td>2.8</td>
</tr>
<tr>
<td>Obesity</td>
<td>2.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>1.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Illiteracy ⁴</td>
<td>1.3</td>
<td>1.7</td>
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<tr>
<td>Climate change</td>
<td>1.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Outdoor air pollution</td>
<td>0.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Drug use ⁶</td>
<td>0.7</td>
<td>1.0</td>
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<tr>
<td>Road accidents</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Workplace risks</td>
<td>0.4</td>
<td>0.6</td>
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<tr>
<td>Household air pollution</td>
<td>0.4</td>
<td>0.5</td>
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<tr>
<td>Child and maternal undernutrition</td>
<td>0.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Unsafe sex ⁸</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Poor water and sanitation⁷</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>
Being overweight is ‘normal’

- Adults tend to underestimate their own weight
- Half of parents do not recognise their children are overweight or obese
- The media tend to use images of extreme obesity to illustrate articles about obesity
- GPs may underestimate their patients’ BMI

If we do not recognise obesity, we are less likely to prioritise tackling it
## A problem, but not my problem

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Threats to Your Health</th>
<th>Threats to the Health of British Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>Stress</td>
<td>18%</td>
<td>36%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>1%</td>
<td>20%</td>
</tr>
<tr>
<td>Heat disease</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Cancer</td>
<td>17%</td>
<td>35%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Smoking</td>
<td>12%</td>
<td>38%</td>
</tr>
<tr>
<td>Poor diet</td>
<td>22%</td>
<td>41%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>8%</td>
<td>43%</td>
</tr>
<tr>
<td>Obesity / overeating</td>
<td>19%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: IPSOS MORI
Our food environment has a major impact on what, and how much, we eat.

Food is everywhere. We are faced with c.226 food decisions every day – more than we can consciously process.
Our purchasing and eating behaviour is often automatic and unthinking.

- Our choices are determined by our habits and routines, which are influenced by the food around us and what is the easy option. Seeing a wider range of foods leads to us eating more.
We eat much more than we think.
We snack more than we used to and have less defined mealtimes

% eating or drinking, in or out of home, by time of day, all days

- Snacking is now a $374bn worldwide industry.
To intervene or not to intervene

Source: Ipsos Mori
A World-Leading Plan

• Published August 2016

• Set of over 20 ambitious actions, focusing on:
  – Schools
  – Healthier environment
  – Working together

• Built on the best evidence

• Sets out a challenge for the whole system
We will take 20% of sugar out of products

• Overall sugar reduction of 20%, including 5% in year one
• Breakfast cereals, yoghurts, biscuits, cakes, confectionery, morning goods (e.g. pastries), puddings, ice cream and sweet spreads
• 4-year, category-specific targets to be published in March 2017
• Progress to be reviewed at 18 and 36 months
• Programme to be extended to total calories in 2017
We will introduce a soft drinks industry levy

- Targeting producers and importers, not consumers
- 2 years for industry reformulation before introduction of levy in 2018
- Rates to be decided by Chancellor
Introduce new sugar labelling

- Leaving the European Union will give us greater flexibility to determine what information is included on food labelling.
- We are considering where there are additional opportunities to improve current food labelling and make it as easy as possible for families to navigate.
- This includes considering how we could give consumers more information about ‘free’ sugar, perhaps through introducing clearer visual labelling, like teaspoons of sugar.
We will make the public sector healthier

• Encouraging adoption the Government Buying Standards for Food (GBSF), particularly in leisure centre vending machines

• Healthier food environment in leisure and fitness centres

• Behavioural interventions in NHS hospitals
We will make schools healthier

- Ofsted thematic review on obesity, healthy eating and physical activity in schools in 2017
- Healthy rating scheme for primary schools from September 2017
- Schools to deliver at least 30 minutes of physical activity for children every day, with parents supporting children to get an additional 30 minutes
We will support early years settings

- Revised menus for early years settings to form part of updated guidelines on meeting dietary recommendations
- Raising awareness of the guidelines amongst early years providers
- Updating Early Years Foundation Stage framework to reference physical activity guidelines
Measuring the Impact of our Actions

• We expect that the actions in the plan will help to reduce childhood obesity by a fifth over the next ten years.

• Checking the progress and impact of actions in the Plan

• Monitoring will be undertaken through a range of data sources including
  – National Child Measurement Programme
  – Health Survey for England
  – Public Health England
The Keystone of a Wider Programme

- Whole Systems Approach
- The start of a conversation
- Everyone has a role: what’s yours?